



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Confirmation No:

POSNER *et al.*

Group Art Unit: Not Yet Assigned

Application No: 10/612,302

Examiner: Not Yet Assigned

Filed: July 3, 2003

Attorney Docket: 2938-116

For: 24-SULFUR-SUBSTITUTED ANALOGS of 1α , 25-DIHYDROXY VITAMIN D₃

PRELIMINARY AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Introductory comments:

Prior to initial examination of the application, please amend the subject application as shown on page 2:



OCT 29 2003

PATENT & TRADEMARK OFFICE

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	10/612,302
Filing Date	July 3, 2003
First Named Inventor	POSNER et al.
Examiner Name	Not Yet Assigned
Group Art Unit	1616
Total Number of Pages in This Submission	Attorney Docket Number 2938-116

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Declaration under Rule 312	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Supplemental Application Data Sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

REMARKS:

SUBMITTED BY		Complete (if applicable)		
NAME AND REG. NUMBER	Joyce von Natzmer, Reg. No. 48,120			
SIGNATURE		DATE	10/29/03	DEPOSIT ACCOUNT USER ID 02-2135